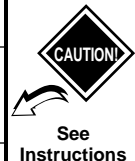


MISSOURI DEPARTMENT OF REVENUE **2003 FORM MO-1040P**
MISSOURI INDIVIDUAL INCOME TAX RETURN AND
PROPERTY TAX CREDIT CLAIM/
PENSION EXEMPTION—SHORT FORM VENDOR CODE
(Assigned by DOR)

SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER	
NAME (LAST) (FIRST) M.I. JR, SR		<div style="border: 1px solid black; padding: 2px; text-align: center;"> <input type="checkbox"/> DECEASED IN 2003 </div>	
SPOUSE'S (LAST) (FIRST) M.I. JR, SR		<div style="border: 1px solid black; padding: 2px; text-align: center;"> <input type="checkbox"/> DECEASED IN 2003 </div>	
IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REP., ETC.)			
PRESENT ADDRESS (INCLUDE APARTMENT NO. OR RURAL ROUTE)		COUNTY OF RESIDENCE	
CITY, TOWN, OR POST OFFICE		SCHOOL DISTRICT NO.	
STATE		ZIP CODE	
PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE. AGE 65 OR OLDER <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE BLIND <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE 100% DISABLED <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE NON-OBLIGATED SPOUSE <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE			
You may contribute to any one or all of the trust funds that are listed to the right. Place the total amount contributed on Line 24. <div style="display: flex; justify-content: space-around; align-items: center;"> Children's Veterans Elderly Home Delivered Meals Missouri National Guard General Revenue Workers' Memorial </div>			

INCOME		Yourself	Spouse
1.	Federal Adjusted Gross Income from your 2003 federal return (See worksheet.)	1	00
2.	Any state income tax refund included in your 2003 federal income	2	00
3.	Subtract Line 2 from Line 1. This is your Missouri adjusted gross income.	3	00
4.	TOTAL MISSOURI ADJUSTED GROSS INCOME — Add both numbers on Line 3 and enter here.	4	00
5.	Income percentages — Divide Line 3 by Line 4 for both you and your spouse. (The total of the two must equal 100%. Round to the nearest whole number.)	5	%
6. Mark your filing status box below and enter the appropriate exemption amount on Line 6. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> A. Single — \$2,100 (See Box B before checking.) <input type="checkbox"/> B. Claimed as a dependent on another person's federal tax return — \$0.00 <input type="checkbox"/> C. Married filing joint federal & combined Missouri — \$4,200 <input type="checkbox"/> D. Married filing separate — \$2,100 </div> <div style="width: 45%;"> <input type="checkbox"/> E. Married filing separate (spouse NOT filing) — \$4,200 <input type="checkbox"/> F. Head of household — \$3,500 <input type="checkbox"/> G. Qualifying widow(er) with dependent child — \$3,500 </div> </div>		6	00
7. Tax from federal return (Do not enter amount from your Form W-2(s)—NOT federal tax withheld.) 00 → Single—maximum of \$5,000; Married filing combined—maximum of \$10,000		7	00
8. Missouri standard deduction or itemized deductions Single — \$4,750 (If single AND you are age 65 or older — \$5,900); Married Filing a Combined Return — \$9,500 (If married filing combined AND you are age 65 or older — \$10,450 / if married filing combined AND BOTH you and your spouse are age 65 or older — \$11,400); Married Filing Separate — \$4,750 (if married filing separate AND you are age 65 or older — \$5,700); Head of Household — \$7,000 (if head of household AND you are age 65 or older — \$8,150); Qualifying Widow(er) — \$9,500 (if qualifying widow(er) AND you are age 65 or older — \$10,450) If claimed as a dependent or blind, get amount from federal return or see Form MO-1040P, Page 4. If itemizing, see Form MO-1040P, Page 4.		8	00
9. Total number of dependents you claimed on your Federal Form 1040 OR 1040A, Line 6c; multiply by \$1,200. (Do not include yourself or your spouse.) 00 x \$1,200		9	00
10. Pension exemption (Complete worksheet on page 3 of Form MO-1040P.) Attach pension exemption worksheet, a copy of federal return, Form W-2P(s), and/or Form 1099-R(s).		10	00
11. Long-term care insurance deduction (see page 4 of Form MO-1040P for worksheet)		11	00
12. TOTAL DEDUCTIONS — Add Lines 6 through 11.		12	00
13. Missouri Taxable Income — Subtract Line 12 (Total Deductions) from Line 4 (Total Missouri Income) and enter here.		13	00



Do not include yourself or your spouse.

TAXES	14. Total Missouri taxable amount from Line 13		14		00	
			Yourself		Spouse	
	15. Multiply Line 14 by the percentages you determined on Line 5. Do this for you and your spouse.		15		00 00	
	16. Use the tax table on page 3 of Form MO-1040P to figure the tax on amounts from Line 15 for you and your spouse.		16		00 00	
17. TOTAL TAXES — Add your tax and your spouse's tax from Line 16.		17		00		
PAYMENTS/CREDITS	18. Missouri withholding for you and your spouse from your Forms W-2(s) and 1099(s). Attach copies of Forms W-2(s) and 1099(s).		18		00	
	19. Any Missouri estimated tax payments for 2003 (Be sure to include any amount of your 2002 overpayment credited to your 2003 Missouri tax return.)		19		00	
	20. PROPERTY TAX CREDIT — Enter amount from Form MO-PTS, Line 14. Attach Form MO-PTS.		20		00	
	21. TOTAL PAYMENTS AND CREDITS Add Lines 18, 19, and 20 and enter amount here.		21		00	
PAYMENTS/REFUND	22. If amount of TOTAL PAYMENTS AND CREDITS (Line 21) is larger than amount of TOTAL TAXES (Line 17), enter the difference here. You have overpaid . If not, enter the amount on Line 26.		22		00	
	23. Enter the amount from Line 22 you want applied to next year's taxes		23		00	
	24. You may donate part of your refund or contribute additional payments to any or all of the trust funds listed to the right. Please indicate your choices and the amount of your donations for each fund in the appropriate boxes.		24		00 00 00 00 00 00 00	
MAIL TO	25. Subtract Lines 23 and 24 from Line 22 and enter here. This is your refund. Sign below and mail to: Department of Revenue, P.O. Box 3222, Jefferson City, MO 65105-3222. REFUND		25		00	
	26. If Line 21 is less than Line 17, enter the difference here. You have an amount due. Sign below and mail to: Department of Revenue, P.O. Box 3370, Jefferson City, MO 65105-3370. AMOUNT DUE The Department of Revenue may collect checks returned for insufficient or uncollected funds electronically.		26		00	
SIGNATURE	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.		DOR ONLY		S E P F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm. <input type="checkbox"/> YES <input type="checkbox"/> NO		PREPARER'S PHONE NUMBER			
	SIGNATURE	DATE	PREPARER'S SIGNATURE		FEIN, SSN, OR PTIN	
	SPOUSE'S SIGNATURE	DAYTIME TELEPHONE	PREPARER'S ADDRESS AND ZIP CODE		DATE	

PENSION EXEMPTION — A copy of your federal return (pages 1 and 2) and your Form 1099-R(s) must accompany this form if claiming a pension exemption. Failure to provide your federal return and Form 1099-R(s) will result in your exemption being disallowed.

1. Enter amount from Form MO-1040P, Line 4	1		00
2. Enter amount of taxable social security benefits from Federal Form 1040A, Line 14b, or from Federal Form 1040, Line 20b.	2		00
3. Subtract Line 2 from Line 1. This is your modified Missouri adjusted gross income to be used for comparison only with applicable income limitations on this worksheet.	3		00
4. Check the appropriate filing status and enter on Line 4 the amount indicated: <input type="checkbox"/> A. Single, Head of household, Qualifying widow(er) — \$25,000 <input type="checkbox"/> B. Married filing combined — \$32,000 <input type="checkbox"/> C. Married filing separate — \$16,000	4		00
If Line 3 is less than or equal to Line 4, enter "0" on Line 5.			
5. Subtract Line 4 from Line 3 and enter the amount on Line 5. (If Line 3 is less than Line 4, enter "0".) If Line 5 is greater than \$6,000 (\$12,000 if filing combined and both you and your spouse have pensions), STOP . You do not qualify for a pension exemption.	5		00

Y—YOURSELF		S—SPOUSE	
6Y	00	6S	00
7Y	00	7S	00

6. Enter the total amount of taxable pension received in 2003 from Federal Form 1040A, Lines 11b and 12b or Federal Form 1040, Lines 15b and 16b. (Do not include social security benefits or railroad retirement benefits on this line.)	6Y	00	6S	00
7. Enter on Line 7Y the amount from Line 6Y or \$6,000, whichever is less. Enter on Line 7S the amount from Line 6S or \$6,000, whichever is less.	7Y	00	7S	00
8. Subtotal — Add Lines 7Y and 7S. Enter the amount on Line 8.	8		00	
9. Total Pension Exemption — Subtract Line 5 from Line 8. Enter here and on Form MO-1040P, Line 10. Enter a "0" if the number is negative. Attach a copy of your federal return (pages 1 and 2) and your Form 1099-R(s).	9		00	

2003 TAX TABLE

If Line 15 is			If Line 15 is			If Line 15 is			If Line 15 is			If Line 15 is			If Line 15 is		
At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is
0	100	\$ 0	1,500	1,600	\$ 26	3,000	3,100	\$ 62	4,500	4,600	\$ 109	6,000	6,100	\$ 167	7,500	7,600	\$ 238
100	200	2	1,600	1,700	28	3,100	3,200	65	4,600	4,700	113	6,100	6,200	172	7,600	7,700	243
200	300	4	1,700	1,800	30	3,200	3,300	68	4,700	4,800	116	6,200	6,300	176	7,700	7,800	248
300	400	5	1,800	1,900	32	3,300	3,400	71	4,800	4,900	120	6,300	6,400	181	7,800	7,900	253
400	500	7	1,900	2,000	34	3,400	3,500	74	4,900	5,000	123	6,400	6,500	185	7,900	8,000	258
500	600	8	2,000	2,100	36	3,500	3,600	77	5,000	5,100	127	6,500	6,600	190	8,000	8,100	263
600	700	10	2,100	2,200	39	3,600	3,700	80	5,100	5,200	131	6,600	6,700	194	8,100	8,200	268
700	800	11	2,200	2,300	41	3,700	3,800	83	5,200	5,300	135	6,700	6,800	199	8,200	8,300	274
800	900	13	2,300	2,400	44	3,800	3,900	86	5,300	5,400	139	6,800	6,900	203	8,300	8,400	279
900	1,000	14	2,400	2,500	46	3,900	4,000	89	5,400	5,500	143	6,900	7,000	208	8,400	8,500	285
1,000	1,100	16	2,500	2,600	49	4,000	4,100	92	5,500	5,600	147	7,000	7,100	213	8,500	8,600	290
1,100	1,200	18	2,600	2,700	51	4,100	4,200	95	5,600	5,700	151	7,100	7,200	218	8,600	8,700	296
1,200	1,300	20	2,700	2,800	54	4,200	4,300	99	5,700	5,800	155	7,200	7,300	223	8,700	8,800	301
1,300	1,400	22	2,800	2,900	56	4,300	4,400	102	5,800	5,900	159	7,300	7,400	228	8,800	8,900	307
1,400	1,500	24	2,900	3,000	59	4,400	4,500	106	5,900	6,000	163	7,400	7,500	233	8,900	9,000	312

For assistance calculating your tax, go to www.dor.mo.gov/tax and select the Tax Calculator.

Tax on the first \$9,000 of taxable income is \$315. Tax on the income over \$9,000 is calculated at 6%. Example: If Line 15 of the Missouri return is \$12,000, then the Missouri tax is \$315 + \$180 (6% of \$3,000) = \$495.

NOTE: Make sure \$315 is included in your calculation of tax on taxable income over \$9,000.

PLUS 6% of excess over \$9,000

MO 860-1881 (11-2003)

FIGURING TAX OVER \$9,000		<u>Yourself</u>	<u>Spouse</u>	<u>Example</u>
	Missouri taxable income (Line 15)	\$ _____	\$ _____	\$ 12,000
	Subtract \$9,000	– \$ 9,000	– \$ 9,000	– \$ 9,000
	Difference	= \$ _____	= \$ _____	= \$ 3,000
	Multiply by 6%	x 6%	x 6%	x 6%
	Tax on income over \$9,000	= \$ _____	= \$ _____	= \$ 180
	Add \$315 (tax on first \$9,000)	+ \$ 315	+ \$ 315	+ \$ 315
	TOTAL MISSOURI TAX	= \$ _____	= \$ _____	= \$ 495
A separate tax must be computed for you and your spouse.				

MISSOURI ITEMIZED DEDUCTIONS

- **Complete this section only if you itemized deductions on your federal return. (See the instructions.)**
- **Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A.**

1. Total federal itemized deductions from Federal Form 1040, Line 37	1		00
2. 2003 (FICA) — yourself — Social security \$ _____ + Medicare \$ _____	2		00
3. 2003 (FICA) — spouse — Social security \$ _____ + Medicare \$ _____	3		00
4. 2003 Railroad retirement tax — yourself (Tier I and Tier II) \$ _____ + Medicare \$ _____ ..	4		00
5. 2003 Railroad retirement tax — spouse (Tier I and Tier II) \$ _____ + Medicare \$ _____ ..	5		00
6. 2003 Self-employment tax — Amount from Federal Form 1040, Line 28	6		00
7. TOTAL — Add Lines 1 through 6.	7		00
8. State and local income taxes — See instructions.	8		00
9. Earnings taxes included in Line 8 — See instructions.	9		00
10. Net state income taxes — Subtract Line 9 from Line 8.	10		00
11. MISSOURI ITEMIZED DEDUCTIONS — Subtract Line 10 from Line 7. Enter here and on Form MO-1040P, Line 8.	11		00

NOTE: IF LINE 11 IS LESS THAN YOUR FEDERAL STANDARD DEDUCTION, SEE THE INSTRUCTIONS.

STANDARD DEDUCTION CHART FOR PEOPLE AGE 65 OR OLDER OR BLIND FORM MO-1040P, LINE 8

Check the following boxes that apply to you and/or your spouse:

YOURSELF: ☐ Age 65 or older ☐ Blind

YOUR SPOUSE: ☐ Age 65 or older ☐ Blind

**Enter the number
of boxes checked
to the left:**

If your filing status is:	AND the number in the box above is:	THEN enter on Form MO-1040P, Line 8:
Single	1	\$ 5,900
	2	\$ 7,050
Married filing combined or Qualifying Widow(er)	1	\$10,450
	2	\$11,400
	3	\$12,350
	4	\$13,300
Married filing separate	1	\$ 5,700
	2	\$ 6,650
Note: If 3 or 4 boxes are checked, please see federal return. An example of this would be when a married individual filing separate can claim a spouse's additional standard deduction if the spouse has no income and isn't the dependent of another taxpayer.		
Head of household	1	\$ 8,150
	2	\$ 9,300

Worksheet for Long-Term Care Insurance Deduction

- A. Enter the amount paid for qualified long-term care insurance. A) \$ _____
If you itemized on your federal return and your federal itemized deductions included medical expenses, go to Line B. If not, skip to Line H.
- B. Enter the amount from Federal Schedule A, Line 4. B) \$ _____
- C. Enter the amount from Federal Schedule A, Line 1. C) \$ _____
- D. Enter the amount of qualified long-term care included on Line C. D) \$ _____
- E. Subtract Line D from Line C. E) \$ _____
- F. Subtract Line E from Line B. **If amount is less than zero, enter "0".** F) \$ _____
- G. Subtract Line F from Line A. G) \$ _____
- H. Multiply Line G (or Line A if you did not have to complete Lines B through G) by 50 percent. Enter here and on Form MO-1040P, Line 11. H) \$ _____

Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A (if you itemized your deductions).



MISSOURI DEPARTMENT OF REVENUE
PROPERTY TAX CREDIT

2003
FORM
MO-PTS

Attachment Sequence No. 1040-07 and 1040P-01

THIS FORM MUST BE ATTACHED TO FORM MO-1040 OR FORM MO-1040P.

NAME	LAST NAME	FIRST NAME	INITIAL	BIRTHDATE MM DD YY	SOCIAL SECURITY NO.
	SPOUSE'S LAST NAME	FIRST NAME	INITIAL	BIRTHDATE MM DD YY	SPOUSE'S SOCIAL SECURITY NO.

QUALIFICATIONS	You must check a qualification to be eligible for a credit. Check only one. Copies of letters, forms, etc., must be included with claim.	
	<input type="checkbox"/> A. 65 years of age or older (Attach a copy of Form SSA-1099.)	<input type="checkbox"/> C. 100% Disabled (Attach a copy of the letter from Social Security Administration or Form SSA-1099.)
	<input type="checkbox"/> B. 100% Disabled Veteran (Attach a copy of the letter from Department of Veteran's Affairs.)	<input type="checkbox"/> D. 60 years of age or older and received surviving spouse benefits (Attach a copy of Form SSA-1099.)

FILING STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married — Filing Combined <input type="checkbox"/> Married — Living Separate for Entire Year	If married filing combined, you must report both incomes.
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Failure to provide proper supporting documentation (lease agreement(s), tax receipt(s), 1099(s), W-2(s), etc.) will result in denial or delay of your claim! Items listed below in color MUST be attached to claim if that line has an amount entered on it.

1. Enter the amount of income from Form MO-1040, Line 6, OR Form MO-1040P, Line 4.	1	00
2. Enter the amount of social security benefits before any deductions and/or the amount of social security equivalent railroad retirement benefits. Attach Form SSA-1099 and/or RRB-1099	2	00
3. Enter the total amount of pensions, annuities, dividends, or interest income not included in Line 1. Include tax exempt interest from Form MO-A, Part 1, Line 6 (if filing Form MO-1040). Attach Forms W-2(s), 1099(s), 1099-R(s), 1099-DIV, 1099-INT, 1099-MISC, etc.	3	00
4. Enter the amount of railroad retirement benefits (not included in Line 2) before any deductions. Attach Form RRB/1099-R (Tier II). If filing Form MO-1040, refer to Form MO-A, Part 1, Line 8.	4	00
5. Enter the amount of veteran's payments or benefits before any deductions. Attach letter from Veteran's Affairs.	5	00
6. Enter the total amount received by you and/or your minor children from: public relief, public assistance, SSI, child support, or Temporary Assistance (TA) payments. Attach letter from SSA, letter from Social Services, letter from DCSE, letter from DFS, if applicable.	6	00
7. Enter the amount of nonbusiness loss(es). You must include nonbusiness losses in your household income here. (Include capital loss from Federal Form 1040, Line 13a.)	7	00
8. TOTAL household income — Add Lines 1 through 7. Enter total here.	8	00
9. Enter \$2,000 if you are married and filing a combined claim with your spouse. Otherwise, enter "0".	9	00
10. Net household income — Subtract Line 9 from Line 8. If the total is over \$25,000, no credit or refund is allowed. Do not file this claim.	10	00
11. If you owned your home, enter the total amount of real estate tax that you paid for your home less special assessments. Attach a copy of PAID real estate tax receipt(s). If your home is on more than five acres or you own a mobile home, attach Form 948, Assessor's Certification.	11	00
12. If you rented your home, enter the amount from Form MO-CRP(s), Line 8 in the box to the right. (If total yearly rent is more than Line 8, attach rent payment explanation.) Attach lease agreement(s), rent receipt(s), or statement from landlord, along with Form MO-CRP. <div style="display: inline-block; border: 1px solid black; padding: 2px 10px;">00</div> x 20% =	12	00
13. Total tax and/or rent — Add Lines 11 and 12 and enter the total.	13	00
14. Apply Lines 10 and 13 to the chart in the instructions to figure your Property Tax Credit. You must use the chart to see how much refund you are allowed. Enter this amount on Form MO-1040, Line 37 OR Form MO-1040P, Line 20.	14	00

THIS FORM MUST BE ATTACHED TO FORM MO-1040 OR FORM MO-1040P.



MISSOURI DEPARTMENT OF REVENUE
CERTIFICATION OF RENT PAID FOR 2003

2003
FORM
MO-CRP

- Read instructions.
- Print or type.

1. SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER		ARE YOU RELATED TO YOUR LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.	
2. LAST NAME		FIRST NAME		M INITIAL	
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)				3. LANDLORD'S NAME, SOCIAL SECURITY NO.	
CITY, STATE, AND ZIP CODE				4. LANDLORD'S PHONE NUMBER	
5. RENTAL PERIOD DURING YEAR		FROM: MONTH DAY YEAR		TO: MONTH DAY YEAR	
6. Enter your gross rent paid. Attach copies of your lease agreement(s) or copies of cancelled checks (front and back) for rent paid, or rent receipts. If receiving assistance, enter the amount of rent YOU paid.					6 00
7. Check the appropriate box and enter the corresponding percentage on Line 7. <input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% <input type="checkbox"/> B. MOBILE HOME LOT — 100% <input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50% <input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% <input type="checkbox"/> E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% <input type="checkbox"/> <input type="checkbox"/> F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.) <input type="checkbox"/> G. SHARED RESIDENCE — If you shared your residence with relatives and/or friends (other than your spouse or children under 18), check the appropriate box and enter percentage. Additional persons sharing residence/percentage to be entered: <input type="checkbox"/> 1 (50%) <input type="checkbox"/> 2 (33%) <input type="checkbox"/> 3 (25%)					7 %
8. Net rent paid — Multiply Line 6 by the percentage on Line 7. ENTER HERE AND IN THE BOX ON FORM MO-PTS, LINE 12 OR FORM MO-PTC, LINE 10.					8 00

MO 860-1089 (11-2003)

For Privacy Notice, see the instructions.



MISSOURI DEPARTMENT OF REVENUE
CERTIFICATION OF RENT PAID FOR 2003

2003
FORM
MO-CRP

- Read instructions.
- Print or type.

1. SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER		ARE YOU RELATED TO YOUR LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.	
2. LAST NAME		FIRST NAME		M INITIAL	
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)				3. LANDLORD'S NAME, SOCIAL SECURITY NO.	
CITY, STATE, AND ZIP CODE				4. LANDLORD'S PHONE NUMBER	
5. RENTAL PERIOD DURING YEAR		FROM: MONTH DAY YEAR		TO: MONTH DAY YEAR	
6. Enter your gross rent paid. Attach copies of your lease agreement(s) or copies of cancelled checks (front and back) for rent paid, or rent receipts. If receiving assistance, enter the amount of rent YOU paid.					6 00
7. Check the appropriate box and enter the corresponding percentage on Line 7. <input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% <input type="checkbox"/> B. MOBILE HOME LOT — 100% <input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50% <input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% <input type="checkbox"/> E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% <input type="checkbox"/> <input type="checkbox"/> F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.) <input type="checkbox"/> G. SHARED RESIDENCE — If you shared your residence with relatives and/or friends (other than your spouse or children under 18), check the appropriate box and enter percentage. Additional persons sharing residence/percentage to be entered: <input type="checkbox"/> 1 (50%) <input type="checkbox"/> 2 (33%) <input type="checkbox"/> 3 (25%)					7 %
8. Net rent paid — Multiply Line 6 by the percentage on Line 7. ENTER HERE AND IN THE BOX ON FORM MO-PTS, LINE 12 OR FORM MO-PTC, LINE 10.					8 00

MO 860-1089 (11-2003)

For Privacy Notice, see the instructions.



MISSOURI DEPARTMENT OF REVENUE
CERTIFICATION OF RENT PAID FOR 2003

2003
FORM
MO-CRP

- Read instructions.
- Print or type.

1. SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER		ARE YOU RELATED TO YOUR LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.	
2. LAST NAME		FIRST NAME	M INITIAL	3. LANDLORD'S NAME, SOCIAL SECURITY NO.	
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)				LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE	
CITY, STATE, AND ZIP CODE				4. LANDLORD'S PHONE NUMBER	
5. RENTAL PERIOD DURING YEAR		FROM: MONTH DAY YEAR		TO: MONTH DAY YEAR	
6. Enter your gross rent paid. Attach copies of your lease agreement(s) or copies of cancelled checks (front and back) for rent paid, or rent receipts. If receiving assistance, enter the amount of rent YOU paid.					6 00
7. Check the appropriate box and enter the corresponding percentage on Line 7. <input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% <input type="checkbox"/> B. MOBILE HOME LOT — 100% <input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50% <input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% <input type="checkbox"/> E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% <input type="checkbox"/> <input type="checkbox"/> F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.) <input type="checkbox"/> G. SHARED RESIDENCE — If you shared your residence with relatives and/or friends (other than your spouse or children under 18), check the appropriate box and enter percentage. Additional persons sharing residence/percentage to be entered: <input type="checkbox"/> 1 (50%) <input type="checkbox"/> 2 (33%) <input type="checkbox"/> 3 (25%)					7 %
8. Net rent paid — Multiply Line 6 by the percentage on Line 7. ENTER HERE AND IN THE BOX ON FORM MO-PTS, LINE 12 OR FORM MO-PTC, LINE 10.					8 00

MO 860-1089 (11-2003)

For Privacy Notice, see the instructions.



MISSOURI DEPARTMENT OF REVENUE
CERTIFICATION OF RENT PAID FOR 2003

2003
FORM
MO-CRP

- Read instructions.
- Print or type.

1. SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER		ARE YOU RELATED TO YOUR LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.	
2. LAST NAME		FIRST NAME	M INITIAL	3. LANDLORD'S NAME, SOCIAL SECURITY NO.	
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)				LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE	
CITY, STATE, AND ZIP CODE				4. LANDLORD'S PHONE NUMBER	
5. RENTAL PERIOD DURING YEAR		FROM: MONTH DAY YEAR		TO: MONTH DAY YEAR	
6. Enter your gross rent paid. Attach copies of your lease agreement(s) or copies of cancelled checks (front and back) for rent paid, or rent receipts. If receiving assistance, enter the amount of rent YOU paid.					6 00
7. Check the appropriate box and enter the corresponding percentage on Line 7. <input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% <input type="checkbox"/> B. MOBILE HOME LOT — 100% <input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50% <input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% <input type="checkbox"/> E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% <input type="checkbox"/> <input type="checkbox"/> F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.) <input type="checkbox"/> G. SHARED RESIDENCE — If you shared your residence with relatives and/or friends (other than your spouse or children under 18), check the appropriate box and enter percentage. Additional persons sharing residence/percentage to be entered: <input type="checkbox"/> 1 (50%) <input type="checkbox"/> 2 (33%) <input type="checkbox"/> 3 (25%)					7 %
8. Net rent paid — Multiply Line 6 by the percentage on Line 7. ENTER HERE AND IN THE BOX ON FORM MO-PTS, LINE 12 OR FORM MO-PTC, LINE 10.					8 00

MO 860-1089 (11-2003)

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MISSOURI DEPARTMENT OF REVENUE
CERTIFICATION OF RENT PAID FOR 2003

2003
FORM
MO-CRP

- Read instructions.
- Print or type.

1. SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER		ARE YOU RELATED TO YOUR LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.	
2. LAST NAME		FIRST NAME	M INITIAL	3. LANDLORD'S NAME, SOCIAL SECURITY NO.	
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)				LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE	
CITY, STATE, AND ZIP CODE				4. LANDLORD'S PHONE NUMBER	
5. RENTAL PERIOD DURING YEAR		FROM: MONTH DAY YEAR		TO: MONTH DAY YEAR	
6. Enter your gross rent paid. Attach copies of your lease agreement(s) or copies of cancelled checks (front and back) for rent paid, or rent receipts. If receiving assistance, enter the amount of rent YOU paid.				6	00
7. Check the appropriate box and enter the corresponding percentage on Line 7. <input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% <input type="checkbox"/> B. MOBILE HOME LOT — 100% <input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50% <input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% <input type="checkbox"/> E. HOTEL If meals are included, enter — 50% ; Otherwise, enter — 100% <input type="checkbox"/> <input type="checkbox"/> F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.) <input type="checkbox"/> G. SHARED RESIDENCE — If you shared your residence with relatives and/or friends (other than your spouse or children under 18), check the appropriate box and enter percentage. Additional persons sharing residence/percentage to be entered: <input type="checkbox"/> 1 (50%) <input type="checkbox"/> 2 (33%) <input type="checkbox"/> 3 (25%)				7	%
8. Net rent paid — Multiply Line 6 by the percentage on Line 7. ENTER HERE AND IN THE BOX ON FORM MO-PTS, LINE 12 OR FORM MO-PTC, LINE 10.				8	00

Use this worksheet to help you determine the correct amount to be entered on Form MO-1040P, Lines 1Y and 1S.

Click the button on the worksheet to carry the amounts to Form MO-1040P, Lines 1Y and 1S.

WORKSHEET FOR FORM MO-1040P, LINE 1

Instructions for Completing the Adjusted Gross Income Worksheet

Missouri law requires a combined return for spouses filing together. A combined return means taxpayers are required to split their total federal adjusted gross income (including other state income) between spouses when beginning the Missouri return.

Splitting the income can be as easy as adding up your separate Form W-2s and 1099s. Or it may require more calculating by allocating to each spouse the percentage of ownership in jointly held property, such as businesses, farm operations, dividends, interest, rent, and capital gains or losses. State refunds should be split based on each spouse's 2002 Missouri tax withheld, less each spouse's 2002 tax liability. The result should be

each spouse's portion of the 2002 refund. Taxable social security benefits must be allocated between each spouse's share of the benefits received for the year.

The worksheet below lists income that is included on your federal return, along with federal line references. Find the lines that apply to your federal return, split the income between you and your spouse, and enter the amounts on the worksheet. When you have completed the worksheet, transfer the amounts from Line 18 to Form MO-1040P, Line 1.

Note: Remember, the incomes listed separately on Line 18 of this worksheet must equal your total federal adjusted gross income when added together.

Adjusted Gross Income Worksheet for Combined Return		Federal Form 1040EZ Line Number	Federal Form 1040A Line Number	Federal Form 1040 Line Number	Y — Yourself		S — Spouse	
1. Wages, salaries, tips, etc.		1	7	7		00	1	00
2. Taxable interest income		2	8a	8a		00	2	00
3. Dividend income		none	9a	9a		00	3	00
4. State and local income tax refunds		none	none	10		00	4	00
5. Alimony received		none	none	11		00	5	00
6. Business income or (loss)		none	none	12		00	6	00
7. Capital gain or (loss)		none	10a	13a		00	7	00
8. Other gains or (losses)		none	none	14		00	8	00
9. Taxable IRA distributions		none	11b	15b		00	9	00
10. Taxable pensions and annuities		none	12b	16b		00	10	00
11. Rents, royalties, partnerships, S corporations, trusts, etc.		none	none	17		00	11	00
12. Farm income or (loss)		none	none	18		00	12	00
13. Unemployment compensation		3	13	19		00	13	00
14. Taxable social security benefits		none	14b	20b		00	14	00
15. Other income		none	none	21		00	15	00
16. Total (add Lines 1 through 15)		4	15	22		00	16	00
17. Less: federal adjustments to income		none	20	33		00	17	00
18. Federal adjusted gross income (Line 16 less Line 17) Enter amounts here and on Lines 1Y and 1S, Form MO-1040P		4	21	34		00	18	00

WORKSHEET — STATE AND LOCAL INCOME TAXES

Complete this worksheet only if your federal adjusted gross income from Federal Form 1040, Line 34 is more than \$139,500 (\$69,750 if married filing separate). If your federal adjusted gross income is less than or equal to these amounts, do not complete this worksheet. Attach a copy of your Federal Itemized Deduction Worksheet (Page A-6 of Federal Schedule A instructions).

1. Amount from Federal Itemized Deduction Worksheet, Line 3 (See page A-6 of Federal Schedule A instructions.) If \$0 or less, enter "0".	1		00
2. Amount from Federal Itemized Deduction Worksheet, Line 9 (See page A-6 of Federal Schedule A instructions.)	2		00
3. State and local income taxes from Federal Form 1040, Schedule A, Line 5	3		00
4. Earnings taxes included on Federal Form 1040, Schedule A, Line 5	4		00
5. Subtract Line 4 from Line 3.	5		00
6. Divide Line 5 by Line 1.	6		%
7. Multiply Line 2 by Line 6.	7		00
8. Subtract Line 7 from Line 5. Enter here and on page 2 of Form MO-1040P, Itemized Deductions, Line 10.	8		00